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| SERIAL NUMBER 10/775,388 | FILING OR 371(c) DATE 02/10/2004 RULE | CLASS 606 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 4002-3479 |
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/978,932 10/16/2001 PAT 6,689,133 and is a CON of 09/526,188
03/15/2000 PAT 6,315,779
which claims benefit of 60/129,587 04/16/1999
and claims benefit of 60/149,774 08/19/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/06/2004**

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|---|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY TN | SHEETS DRAWING 10 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | |

ADDRESS

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TITLE

Multi-axial bone anchor system

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| FILING FEE RECEIVED 2020 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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